

Jan Brown, MSc, RCP, CPRS
Founder and Executive Director
SpiritWorks Foundation

Tom BannardRams in Recovery
Virginia Commonwealth University

Recovery Ally Training

Spring 2021









In this workshop, participants will...

- Demonstrate understanding of recovery as a long-term process and the way that impacts conversations with individuals
- Differentiate between myths and realities of substance use and addiction and understand how stigma impacts people who use substances

- Employ appropriate language related to addiction and recovery
- Use empathy and openness with people in recovery
- Apply skills for interactions with people who are ambivalent about change and investigate resources for substance use treatment and recovery

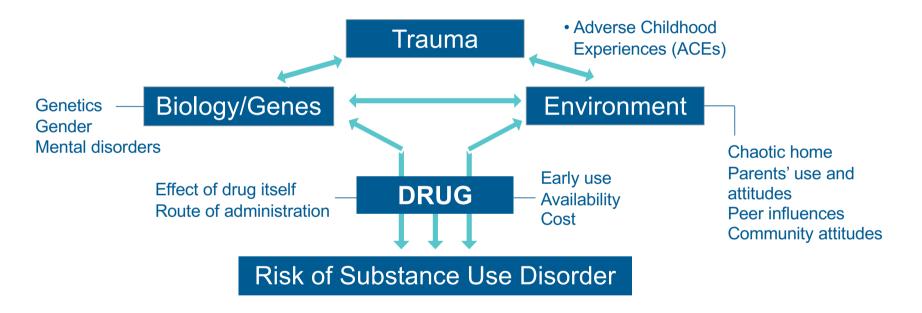
MODULE 1 Prevention and Risk

What does research say about why people use substances?

- Curiosity
- To fit in
- To feel good
- To feel better
- To "do" better
- Stress



Like all diseases, risk for SUD is impacted by genetics and environment



Adapted from: National Institutes on Drug Abuse. 2014. Drugs, brains and behavior: the science of addiction. https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/drug-abuse-addiction



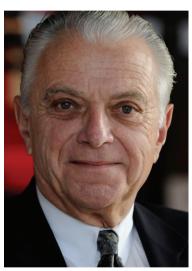
We evolved to have all these traits in our population! They aren't bad or good. They just are. http://www.nytimes.com/2016/10/04/well/family/the-4-traits-that-put-kids-at-risk-for-addiction.html?_r=0

The ACE Study

"The largest, most important public health study you never heard of began in an obesity clinic."







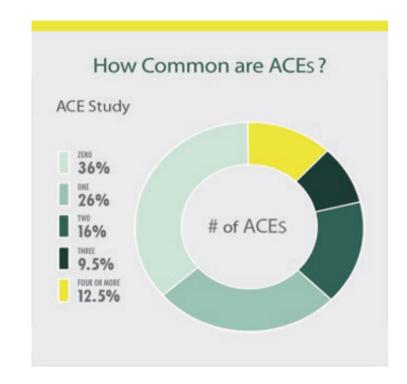
Vincent Felitti, MD

https://acestoohigh.com/2012/10/03/the-adverse-childhood-experiences-study-the-largest-most-important-public-health-study-you-never-heard-of-began-in-an-obesity-clinic/

ACEs Survey

Score 0-10 Points

- Psychological abuse
- Physical abuse
- Sexual abuse
- Emotional neglect
- Physical neglect
- Loss of a parent
- Mother treated violently
- Substance misuse
- Mental illness
- Criminal behavior



https://www.cdc.gov/violenceprevention/acestudy/ACE_graphics.html

Things Get Serious at About 4 ACEs

Compared to a zero ACEs score, those with four or more are:

- 240% more likely to have hepatitis
- 390% more likely to have emphysema or chronic bronchitis
- 240% more likely to have a sexually transmitted infection
- Twice as likely to be smokers
- 12 times more likely to have attempted suicide
- 7 times more likely to have alcohol use disorder
- 10 times more likely to have injected illicit drugs

https://acestoohigh.com/2012/10/03/the-adverse-childhood-experiences-study-the-largest-most-important-public-health-study-you-never-heard-of-began-in-an-obesity-clinic/

Out of 100 People...

| With 0 ACEs | With 3 ACEs | With 7+ ACEs |
|---------------------------|--------------------------|--------------------------|
| 1 in 16 smokes | 1 in 9 smokes | 1 in 6 smokes |
| 1 in 69 have AUD | 1 in 9 have AUD | 1 in 6 have AUD |
| 1 in 480 use IV drugs | 1 in 43 use IV drugs | 1 in 30 use IV drugs |
| 1 in 14 has heart disease | 1 in 7 has heart disease | 1 in 6 has heart disease |
| 1 in 96 attempts suicide | 1 in 10 attempts suicide | 1 in 5 attempts suicide |

When a student struggles, keep ACEs in mind as a possibility.

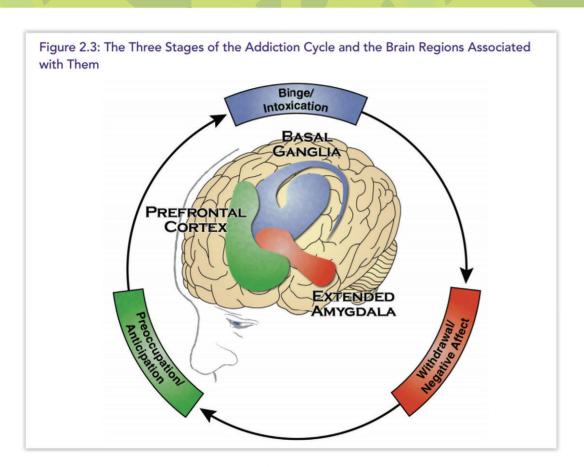
https://www.slideshare.net/EightAZpbs/ace-train-the-trainer-final-june-4-2013

MODULE 2 Addiction as a Chronic Health Condition: Recovery and the Brain

SUD IS A BRAIN DISORDER

Once exposed, some people's brains get "hijacked"

We tend to focus on the "binge high" that annoys us, but negative internal feelings propel the cycle



https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/treatment-recovery

Chronic Medical Disorders & Stigma

CANCER



Chronic Medical Disorders & Stigma

HEART DISEASE



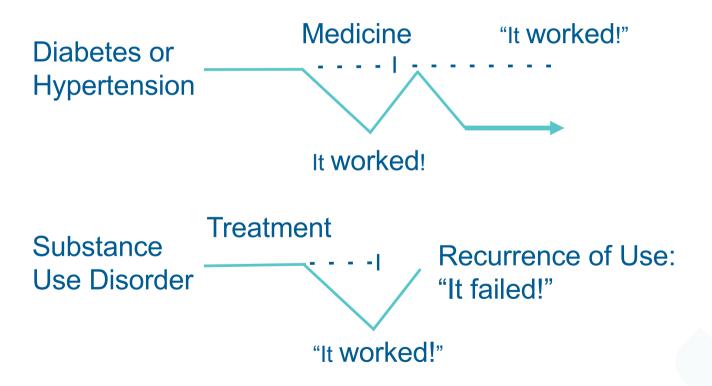


Chronic Medical Disorders & Stigma

ADDICTION

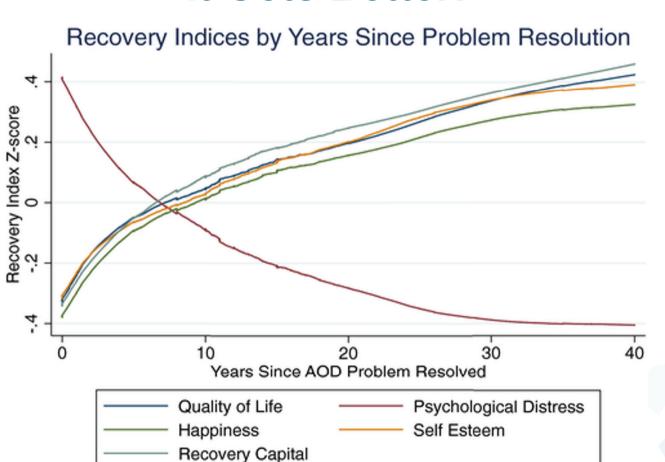
SILENCE

How Do We Evaluate Chronic Disease Treatment?



Treatment for chronic diseases must be long term.

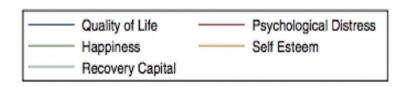
It Gets Better!

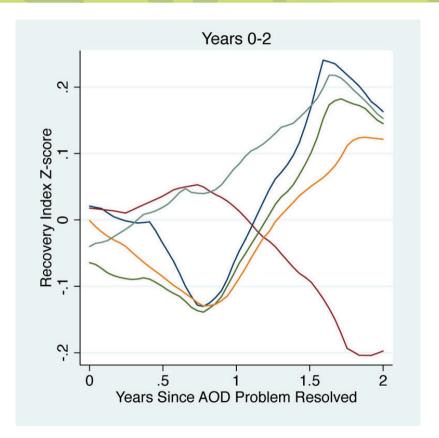


Beyond (2018), 1 and Bergman, Kelly, J. F.

Spring 2021 Recovery Ally Training 17

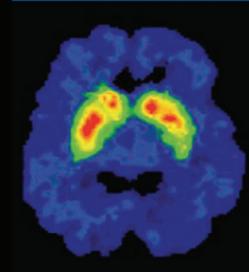
(But Not Right Away!)



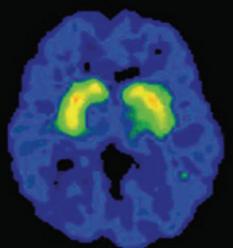


Kelly, J. F., Greene, M. C. and Bergman, B. G. (2018), Beyond Abstinence: Changes in Indices of Quality of Life with Time in Recovery in a Nationally Representative Sample of U.S. Adults. Alcohol Clin Exp Res, 42: 770-780. doi:10.1111/acer.13604

BRAIN RECOVERY WITH PROLONGED ABSTINENCE



HEALTHY CONTROL



PATIENT WITH METHAMPHETAMINE
USE DISORDER

1 MONTH OF ABSTINENCE

14 MONTHS OF ABSTINENCE

Post-Acute Withdrawal Syndrome (PAWS)











Anhedonia

Difficulty sleeping

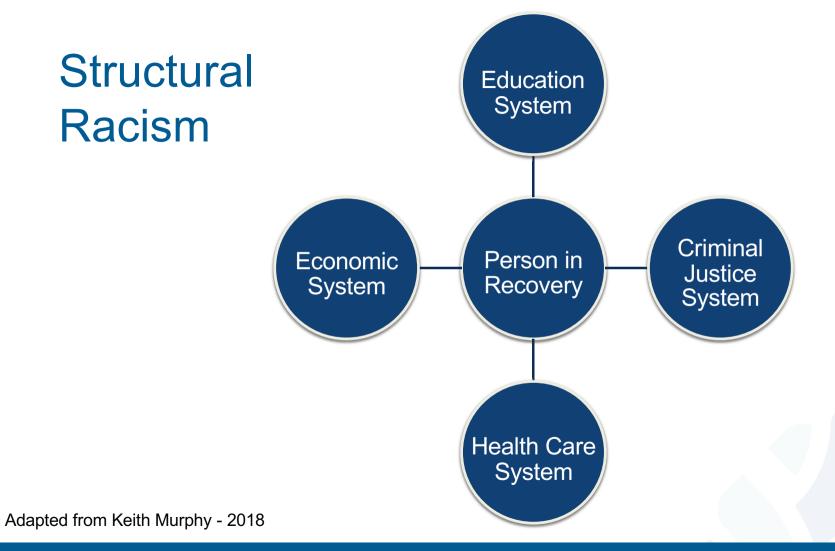
Memory loss

Difficulty setting priorities

Stress sensitivity

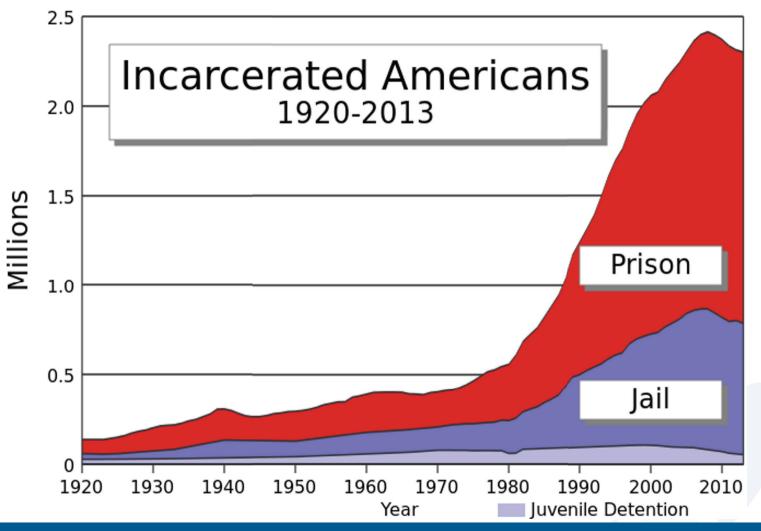
Icons used under creative commons license from the Noun Project: Neutral by ◆ Shmidt Sergey ◆; Insomnia by Delwar Hossain; Brain Damage by Francesca Arena; note by Becris; Stress by Blair Adams

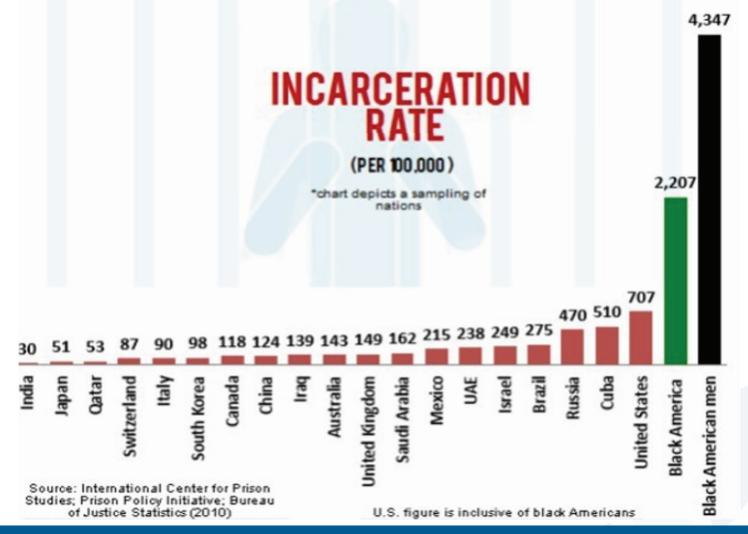
MODULE 3 Stigma, Policy, and Recovery







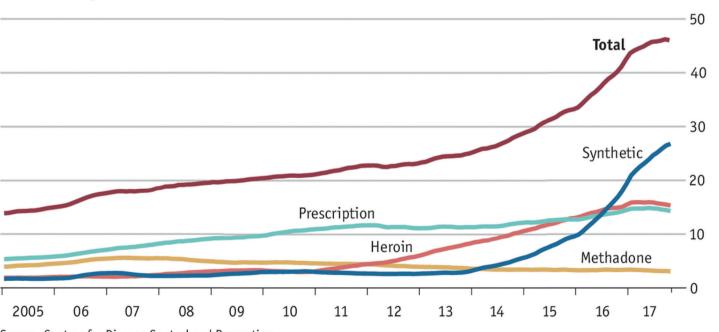




Opioid Epidemic

Vein hopes

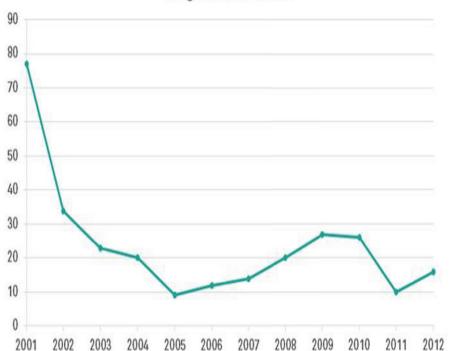
United States, opioid deaths, by drug type, '000 12-month moving total

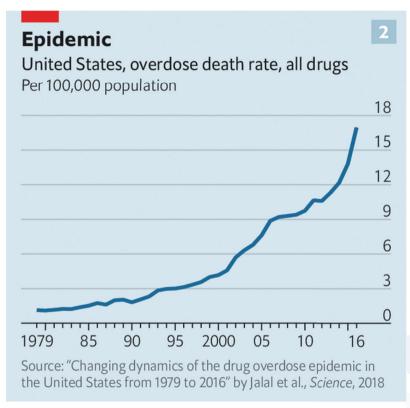


Source: Centres for Disease Control and Prevention

Economist.com







The Economist

MODULE 4 People First Language & A Framework for Understanding

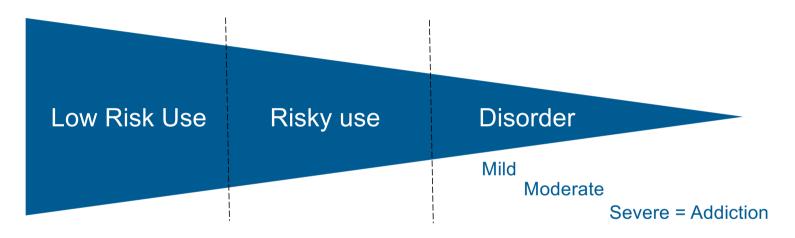
Terminology: Substance Use Disorder

In the DSM-5: Recurrent use of alcohol or other drugs that causes clinically and functionally significant impairment, such as health problems, disability, failure to meet major responsibilities at work, school or home.

- Mild 2-3
- Moderate 4-5
- Severe 6-7

- Addiction
- Person with a substance use disorder

Substance Use Occurs On a Spectrum



9 in 10 heavy drinkers given positive reasons to change reduce use... but 1 in 10 can't.

https://www.cdc.gov/media/releases/2014/p1120-excessive-drinking.html



The Real Stigma of Substance Use Disorders



In a study by the Recovery Research Institute, participants were asked how they felt about two people "actively using drugs and alcohol."

One person was referred to as a "substance abuser"



The other person as "having a substance use disorder"



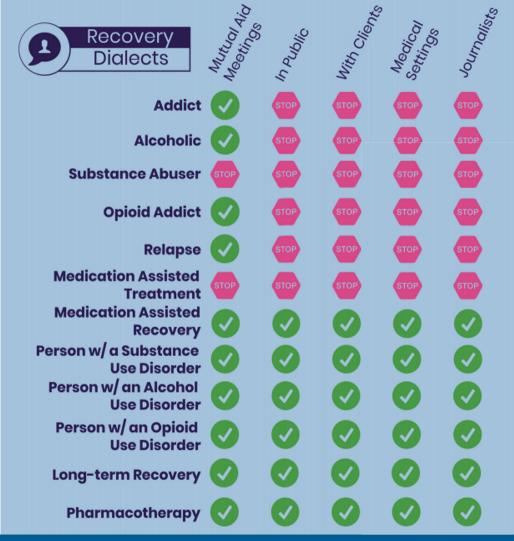
No further information was given about these hypothetical individuals.

THE STUDY DISCOVERED THAT PARTICIPANTS FELT THE "SUBSTANCE ABUSER" WAS:

- less likely to benefit from treatment
- more likely to benefit from punishment
- more likely to be socially threatening
- more likely to be blamed for their substance related difficulties and less likely that their problem was the result of an innate dysfunction over which they had no control
- they were more able to control their substance use without help

recoveryanswers.org/ research-post/the-realstigma-of-substance-usedisorders/







Substance Use Disorders Institute

EDUCATION • POLICY • RESEARCH

Language matters but can change depending on the setting that we are in.

Choosing when and where to use certain language and labels can help reduce stigma and discrimination towards substance use and recovery.

SOURCE: Ashford, R. D., Brown, A. M., & Curtis, B. (2018). Substance use, recovery, and linguistics: The impact of word choice on explicit and implicit bias. Drug and Alcohol Dependence, 189, 131–138.

Medication and Language

There are numerous medications that can be helpful in recovery. Of these use of Methadone and Buprenorphine (Subutex, Suboxone) carries significant stigma.

Preferred Language

- Recovery
- Taking medication as part of recovery
- Medication assisted recovery

Medication Assisted Treatment

MODULE 5 What Does an Ally Do?

Supplementary info:

Reading: What it means to be a recovery ally

Empathy & Connection

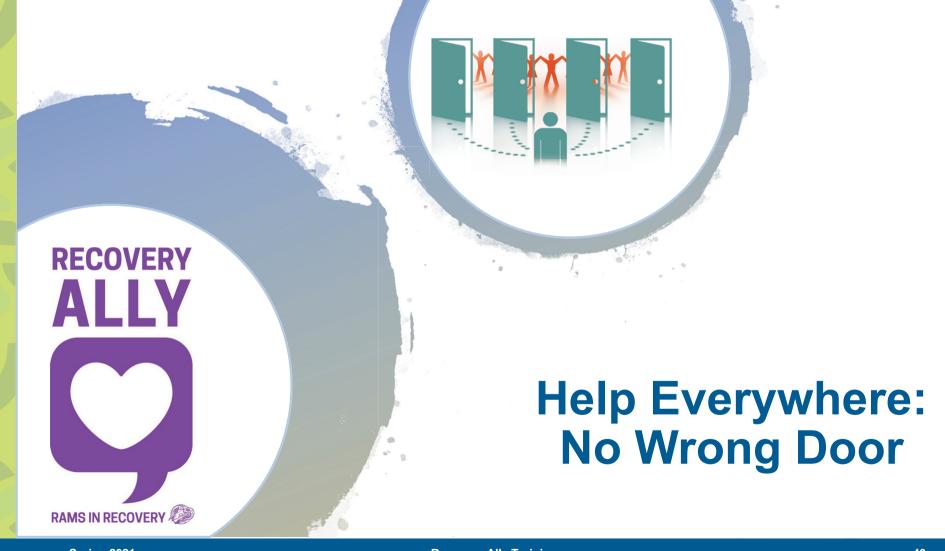


What Else Can an Ally Do?

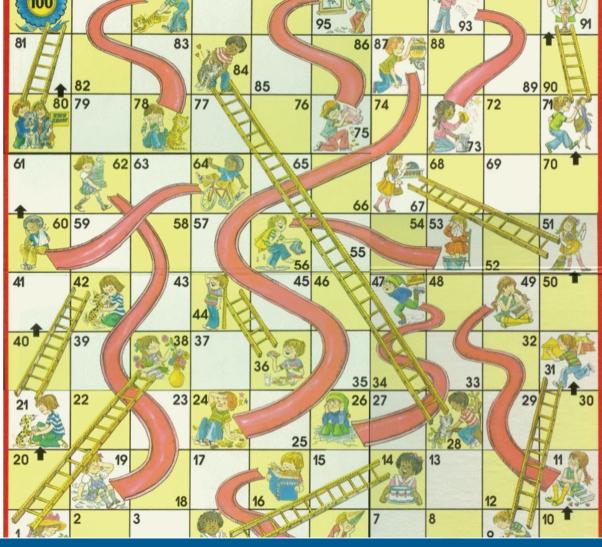
Be available to listen and support

- Provide a warm handoff to the appropriate person
- Be knowledgeable of resources
- Appropriately self-disclose
- Take a naloxone training
- Challenge norms around substances use

MODULE 6 Philosophies of Care



Mental Health Services Access Guide





Leverage informal, peer based, on-demand services



Build Community Recovery Capital

Gov. Terry McAuliffe meets with Students in Recovery

BY K. BURNELL EVANS Richmond Times-Dispatch Feb 17, 2017

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Recovery Support Services – Housing

- Clinical and non-clinical recovery residences provide supportive living arrangements
- Recovery housing increases recovery capital scores, increases wellness, and decreases recurrence of use rates



Recovery Support Services – Employment

- Recovery capital is drastically increased when employment is an option for individuals in recovery
- Vocational and technical trainings along with providing second chances can increase self-efficacy for people in recovery

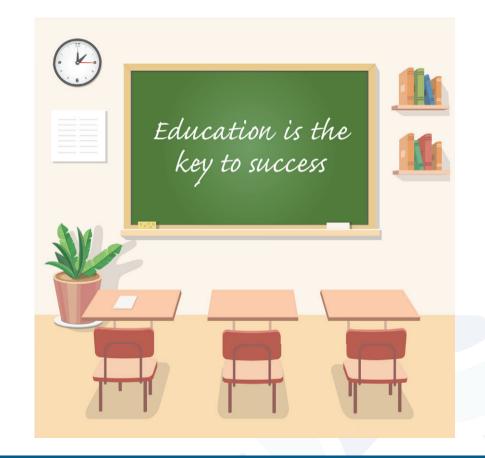


Recovery Support Services – Peer/Social Support

- Peer Recovery Support Specialists, sometimes known as recovery coaches, differ from mutual aid groups
- Provide emotional support along with assistance with achieving recovery goals
- Focuses on relationship building and provides resources to increase recovery capital to people in early recovery

Recovery Support Services – Education

- Supporting individuals in recovery is essential to their overall happiness in recovery
- GED trainings along with post-secondary education can improve self-efficacy and self-esteem among people in recovery



Affirming Roles and Valuing Identity

- Recovery Community Organizations
- Recovery Celebrations, Anniversaries and Coins
- Celebrities in Recovery
- Recovery Walks



Change Community Rituals





MODULE 7 Pathways to Recovery

Many Pathways to Recovery

- 12-Step (AA, NA, Al-Anon, CA, MA, etc)
- Recovery Dharma
- Refuge Recovery
- All Recovery
- Life Ring
- SMART Recovery
- Women for Sobriety
- Celebrate Recovery
- Faith-based approaches
- Natural recovery













Supporting Intersectional Identities

- Black Indigenous People of Color (BIPOC) Meetings AA and other support group
- 2 Spirit, Lesbian, Gay, Bisexual, Transgender, Intersex, Asexual (2SLGBTQIA+) – AA/NA and other support groups
- Transgender Specific Meetings
- American Sign Language (ASL) Meetings
- Spanish Speaking Meetings



A Way to Conceptualize Recovery Work: Three Pillars



Community

Sharing similar difficulties with people provides a foundation for individuals to recover alongside supportive friends



Growth

An individual's personal development through their recovery journey



Service

Helping others unconditionally is an essential concept of recovery

MODULE 8 Action For Faith Communities

Change Our Perspective

- Addiction is a treatable, chronic, medical condition and not a personal or moral failing — prejudice and shame will be replaced by a spirit of compassion and hope that opens doors, hearts, and resources to those suffering with a substance use disorder.
- Finding a supportive community is essential to recovery. However, old conventions, as well as misunderstandings about addiction and the recovery process, often stand in the way of our communities providing the critical support and connections people need.

Where to Start

- Offer your space
- Know the resources
- Provide transportation
- Advertise meetings and events
- Public or congregational prayer (get your language right!)

Provide Educational Opportunities That Create Understanding and Encourage Compassion

- Partner with experts on education
 - Addiction as a treatable disease
 - Medication-Assisted Recovery
 - Pain management
 - ACEs
 - Safe disposal
- Offer understanding (not fear) based education: Just Say KNOW

Offer and Take Trainings

- Screening, brief intervention and referral to treatment
- Naloxone and overdose response
- Mental health first aid
- Recovery Ally!
- Trauma-informed care
- Motivational interviewing

Rebuild and Restore

- Wrap care around affected people (just like with other health conditions): Health, Housing, Purpose and Community
 - Offer coaching around finances
 - Have community leads/connectors to services
 - Help with employment, housing, food, clothing, childcare etc.
 - Support people post-incarceration and in the foster care system
- Recognize and mend hurts that faith communities may have contributed to or caused

Other Allyship Actions

- Build identity around being a recovery ready/recovery friendly community
- Participate in evidence based prevention programs
- Join local prevention and recovery coalitions
- Look for spaces to lend your organization's assets

MODULE 9 Families

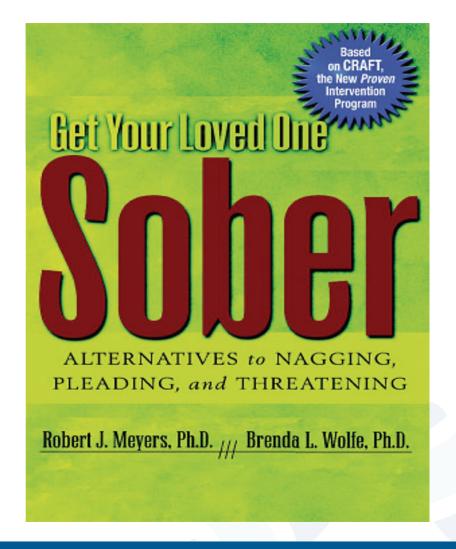
Invitation to Change Approach (ITC): Foundation

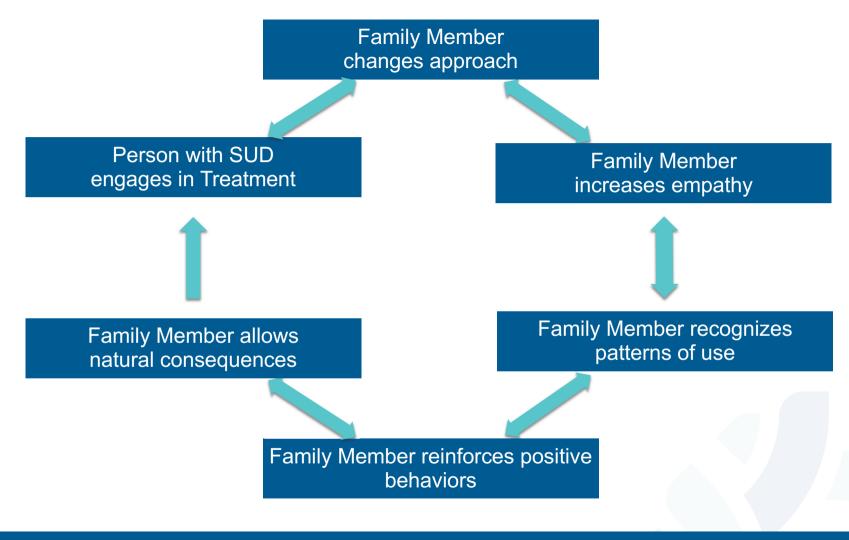
The Invitation To Change Approach: "Science and Kindness"

- A compassionate approach for encouraging change, drawing on evidence-based principles and practices of behavior change
- Evidence-based concepts and strategies employed in the ITC:
 - Community Reinforcement and Family Training (CRAFT)
 - Motivational Interviewing (MI)
 - Acceptance and Commitment Therapy (ACT)
- The ITC is a model for change that is accessible to both lay people (e.g., parents) and professionals

C.R.A.F.T.

Community Reinforcement And Family **Training**













WILLINGNESS



















COMMUNICATION

The Invitation to Change Approach: An Overview

Helping with Understanding: Lenses for a helpful perspective

Behaviors make sense

One size doesn't fit all...recognizing everyone is different

Ambivalence is normal (and to be expected)

Helping with Awareness: What I can do inside?

Practicing Self-Awareness

Moving with Willingness

Self-Compassion: The foundation of self-care

Helping with Action: What I can do outside?

Communication tools: Helping red lights turn green! Behavior tools: The power of positive reinforcement

Practice, Practice: A foundation of change

















BEHAVIOR



COMMUNICATION

Advocacy Point 5: Families

- Families can and usually should be included in the treatment process
- Families can be a crucial part of a recovery support system when educated and empowered
- Families have often been shamed with non-evidenced based labels such as "co-dependency" and "enabling"
- People working with families should recognize that trauma is often experienced by family members

Closing

NO JUDGMENT HELP EVERYWHERE

RECOVERY-INFORMED PREVENTION

RECOVERY

WHAT MAKES A
RECOVERY-READY
COMMUNITY?

HARM REDUCTION

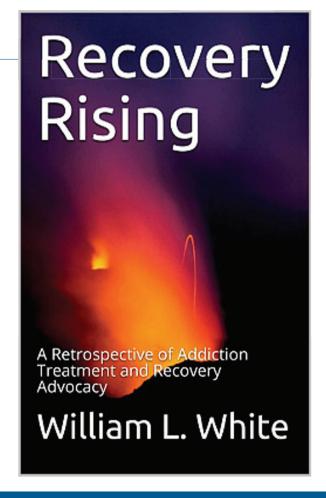
SUPPORT

TREATMENT

Community recovery is a voluntary process through which a community uses the assertive resolution of alcohol and other drug (AOD)-related problems as a vehicle for collective healing, community renewal, and enhanced intergenerational resilience.

—William White

White, William L.. Recovery Rising: A Retrospective of Addiction Treatment and Recovery Advocacy (Kindle Locations 6898-6900). Kindle Edition.



Thank You!

Virginia Department of Behavioral Health and Developmental Services, Substance Abuse and Mental Health Services Administration, Danielle Dick, The College Behavioral and Emotional Health Institute, Mike Zohab, Angela Weight, Lauren Powell, The JHW Foundation, Shauntelle Hammonds, Peter's Place RVA, Joshua Redding, Michelle Omowaiye, Linda Hancock, Tiffani Wells, Virginia Department of Health, Jonathan Kiser, Roz Watkins, Emily Tompkins, Denise Carl, Carter Bain, SpiritWorks Foundation, Rose Bono, Amanda Stephan, Faces and Voices of Recovery and all the students in Rams in Recovery



Creating Recovery Ready Communities

Jan Brown jan@spiritworksfoundation.org 757-903-0000

Tom Bannard bannardtn@vcu.edu 804-366-8027









Sources

Adolescent Community Reinforcement Approach outcomes differ among emerging adults and adolescents Alexander, M. The new Jim Crow: Mass incarceration in the age of colorblindness. New York: The New Press; 2012.

American Psychiatric Association. Diagnostic and statistical manual of mental disorders: DSM-5. 5th ed. Arlington, VA; Washington, D.C.; 2013.

American Society of Addiction Medicine. Treatment. Available at: https://www.asam.org/public-resources/treatment. Accessed July 27, 2017.

Baker KM. "I'm going to shut down all of your tricks": Depictions of treatment professionals in addiction entertainment. Subst Use Misuse. 2016;51(4):489-497.

Botticelli MP, Koh HK. Changing the language of addiction. JAMA. 2016;316(13):1361-1362.

Bronfenbrenner U. Toward an experimental ecology of human development. Am Psychol. 1977;32(7):513-531.

Cape GS. Addiction, stigma and movies. Acta Psychiatr Scand. 2003;107(3):163-169.

Committee on Improving the Health, Safety, and Well-Being of Young Adults; Board on Children, Youth, and Families; Institute of Medicine; National Research Council; Bonnie RJ, Stroud C, Breiner H, editors. Washington (DC): National Academies Press (US); 2015 Jan 27.

Dickerson, P. (2012, June 23). Post acute withdrawl of addiction [video file]. Available at: https://Www.youtube.com/watch?v=TDy-OqGyLqU. Accessed June 27, 2017.

"Emerging Adults in America: Coming of Age in the 21st Century," co-edited Arnette with Jennifer Lynn Tanner, PhD. Kelly JF, White WL, eds. Addiction recovery management: Theory, research and practice. Totowa, NJ: Humana Press; 2011. Rosenbaum J. F., ed. Current Clinical Psychiatry.

Sources

Kosovski JR, Smith DC. Everybody hurts: Addiction, drama, and the family in the reality television show intervention. Subst Use Misuse. 2011;46(7):852-858.

McLellan AT, Lewis DC, O'Brien CP, Kleber HD. Drug dependence, a chronic medical illness: Implications for treatment, insurance, and outcomes evaluation. JAMA. 2000;284(13):1689-1695.

National Alliance of Advocates for Buprenorphine Treatment. Substance Use Disorders: A guide to the use of language. 2004. Available at: https://www.naabt.org/documents/Languageofaddictionmedicine.pdf. Accessed July 27, 2017.

National Alliance of Advocates for Buprenorphine Treatment. The words we use matter. Reducing stigma through language. 2008;10M 06/08. Available at: https://www.treatmentmatch.org/_docs/NAABT_Language.pdf. Accessed July 27, 2017.

National institutes on drug abuse. 2014. Drugs, brains and behavior: The science of addiction. Available at: https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/drug-abuse-addiction. Accessed June 27, 2017.

Nerad S, Hosni A. Recovery ally training: Recovery is spoken here. Oral presentation at: National Collegiate Recovery Conference. 8th Annual Conference of the Association for Recovery in Higher Education; 2017 July 11-13; Washington, DC.

Prochaska JO. Velicer WF. The transtheoretical model of health behavior change, Am J Health Promot, 1997;12(1):38-48.

Reasons for Quitting Among Emerging Adults and Adolescents in Substance-Use-Disorder Treatment Journal of Studies on Alcohol and Drugs, 71(3), 400–409 (2010).

Roose R, Fuentes L, Cheema M. Messages about methadone and buprenorphine in reality television: A content analysis of celebrity rehab with Dr. Drew. Subst Use Misuse. 2012;47(10):1117-1124.

Sources

Roth J, Hasan Y, Bannard T, Dick D, Barr P. A closer look at students in recovery in the Spit for Science sample. (April 2017). Poster #165 presented at the VCU Poster Symposium for Undergraduate Research and Creativity, Richmond, VA.

SAMHSA. (2010). Protracted withdrawal. Substance abuse treatment advisory: News for the treatment field, 9(1). Available at: http://store.samhsa.gov/shin/content/SMA10-4554/SMA10-4554.pdf. Accessed June 27, 2017.

SAMHSA. Recovery and recovery support. Updated 2015. Available at: https://www.samhsa.gov/recovery. Accessed July 27, 2017.

SAMHSA. Substance use disorders. Updated 2015. Available at: https://www.samhsa.gov/disorders/substance-use. Accessed July 27, 2017.

Skipper GE, DuPont RL. The physician health program: A replicable model of sustained recovery management. In: Kelly JF, White WL, eds. Addiction recovery management: Theory, research and practice. Totowa, NJ: Humana Press; 2011:281-299.

Smith, Douglas C.; Godley, Susan H.; Godley, Mark D.; Dennis, Michael L. Journal of Substance Abuse Treatment, 2011, Vol.41(4), pp.422-430

Substance Abuse and Mental Health Services Administration (SAMHSA). Recovery-oriented systems of care (ROSC) resource guide. September 2010. Available at: https://www.samhsa.gov/sites/default/files/rosc resource guide book.pdf. Accessed July 27, 2017.

U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health. Washington, DC: HHS, November 2016.

Volkow ND, Chang L, Wang GJ, et al. Loss of dopamine transporters in methamphetamine abusers recovers with protracted abstinence. J Neurosci. 2001;21(23):9414-9418.